

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

RECEIVED

2011 JUN 20 AM 10:33

THOMAS H. COULD
CLERK, U.S. DISTRICT COURT
W.D. OF TN, MEMPHIS

GLENN RODNEY WRIGHT

(Name of plaintiff or plaintiffs)

v.

CIVIL ACTION NO. _____

MRO/CMC-PSYCHEMEDICS CORP

T.B. HUNT TRUCKING/CMC-ON-SITE

WRIGHT, DAC

(Name of defendant or defendants)

COMPLAINT UNDER TITLE VII OF THE CIVIL RIGHTS ACT OF 1964

1. This action is brought pursuant to Title VII of the Civil Rights Act of 1964 for employment discrimination. Jurisdiction is specifically conferred on the Court by 42 U.S.C. §2000e-5. Equitable and other relief are also sought under 42 U.S.C. §2000e-5(g).

2. Plaintiff, GLENN RODNEY WRIGHT

(name of plaintiff)

is a citizen of the United States and resides at 1916 CEDARNURST AVE

(street address)

MEMPHIS

(city)

UNITED STATES

(country)

TENNESSEE

(state)

38127

(zip code)

901.304.5457

(telephone number)

3. Defendant MRO/CMC PSYCHEMEDICS CORP / J.B. HUNT TRUCKING
(defendant's name)

lives at, or its business is located at 570 N KIEST RD
(street address)

4. Plaintiff sought employment from the defendant or was employed by the defendant at

570 N KIEST RD
(street address)
DALLAS UNITED STATES TEXAS 75286
(city) (country) (state) (zip code)

5. Defendant discriminated against plaintiff in the manner indicated in paragraph 9 of this complaint on or about 17, 18, 19, - 30 JUNE 2010

(day) (month) (year)

6. Defendant filed charges against the defendant with the Tennessee Fair Employment Commission charging defendant with the acts of discrimination indicated in paragraph 9 of this complaint on or about _____

(day) (month) (year)

7. Plaintiff filed charges against the defendant with the Equal Employment Opportunity Commission charging defendant with the acts of discrimination indicated in paragraph 9 of this complaint on or about _____

(day) (month) (year)

8. The Equal Employment Opportunity Commission issued a Notice of Right to Sue, which was received by plaintiff on _____. (Attach a copy of the notice to this complaint.)
(day) (month) (year)

9. Because of plaintiff's (1) ☒ race, (2) ____ color, (3) ____ sex, (4) ☒ religion, (5) ____ national origin, defendant

(a) ____ failed to employ plaintiff.

(b) ____ terminated plaintiff's employment.

(c) ____ failed to promote plaintiff.

(d) ACCUSED PLAINTIFF OF QUESTIONABLE PRACTICES, J.B. HUNT, MRO/CMC PSYCHEMEDICS CORP, HIREIGHT, DACH COMPLIANCE INFORMATION TO NEW APPLICANTS WITHOUT INVESTIGATING INQUIRIES

10. The circumstances under which defendant discriminated against plaintiff were as follows:

THE PLAINTIFF IS 5 FT, 8 IN, NOT 6 FT 6 IN, AND HAS NEVER
SUFFERED FROM ALCOHOLISM TRENORS; AND NO TRACES OF
ANY POTENTIAL DRUG USE;
HIERIGHT, DAD HAS FALSELY IDENTIFIED MY
WORK RECORD BY THE GOOD OLD BOY WHITE
DRIVERS DRIVING SYSTEM; THAT THE BLACK
OWNER OPERATORS WORK SHORT TERM, RORY
CITY, UNLESS HE IS FAVORED BY THE MANAGER

11. The acts set forth in paragraph 9 of this complaint

- (a) ☒ are still being committed by defendant.
(b) _____ are no longer being committed by defendant.
(c) _____ may still be being committed by defendant.

12. Please attach to this complaint a copy of the charges filed with the Equal Employment Opportunity Commission, which are submitted as a brief statement of the facts supporting this complaint.

WHEREFORE, Plaintiff prays that the Court grant the following relief to the plaintiff:

- (a) _____ Defendant be directed to employ plaintiff, or
(b) _____ Defendant be directed to re-employ plaintiff, or
(c) _____ Defendant be directed to promote plaintiff, or;
(d) ☒ Defendant be directed to PAY FOR DAMAGES FOR FALSE REPORTS
TO POTENTIAL, HIRING, FUTURE COMPANIES WITH IN
THE NATIONAL TRUCK DRIVING INDUSTRY OF AMERICA/CANADA/MEXICO

and that the Court grant such other relief as may be appropriate, including injunctive orders, damages, costs and attorney's fees.

13. I would like to have my case tried by a jury. Yes ☒ No ()

Adam Rodney Wynn
SIGNATURE OF PLAINTIFF

M736151

JBDALL

Client Code (if other than printed)

STEP 1: Completed by Collector. Have donor sign Step 3 on Page 2.

A. Sample Collected For: DR ROBERT PFLUG [100450001]

1800 1234
MEMPHIS, TN 38005
PHONE (447) 428-3800 FAX (447) 621-1200

1800 1234 DALLAS INSURE
CHIEF, SECUR
STREET 1234 BLVD
DALLAS, TX 75034
PHONE (214) 123-1234 FAX (214) 123-1234

B. Donor Identification

Donor or Employee ID #: ~~XXXXXXXXXXXXXXXXXXXX~~
18 CHARACTERS MAXIMUM - Must Match Donor ID on Sample Acquisition Card (SAC)

C. Reason for Test: ☒ Pre-Employment ☐ Random ☐ Other (Specify) _____

D. Donor ID Verified: ☒ Photo ID ☐ Employer Representative _____
Signature of Employer Representative

E. Drug Tests to be Performed: ☒ Cocaine, Opiates, PCP, Amphetamines, Marijuana ☐ Other (Specify) _____

F. Collection Site: 1001000 1
DALLAS INSURE STREET ADDRESS
Collection Facility Name Street Address
DALLAS, TX 75034
City State Zip Phone (Area Code) + Number JBDALL
Collection Site Code
Bill Collection To: ☐ TPA ☐ Lab ☐ Client

STEP 2: Collector copies Donor or Employee ID # from CCF to SAC (envelope); Collector completes information on Integrity Seal and SAC EXCEPT Donor's Initials; Collector obtains sample from donor and places sample in SAC in accordance with procedures.

Source of Sample: Hair from ☐ Head ☐ Chest ☐ Underarm/s ☐ Leg/s ☒ Other _____
Must specify approval code

Collector affixes signed Integrity Seal to SAC; Collector removes Bar Code from CCF and affixes it to SAC.

STEP 3: Donor initials SAC; Donor signs Donor Certification.

I certify that I am the test subject, that the sample contained in the envelope is my sample, that it was cut close to the skin, and I witnessed the sample collector seal the sample in the envelope. I consent to the testing of the sample by Psychemedics Corporation and to the release of the test results to the named test result recipient. In consideration of the testing of my sample, where authorized by law, I hereby release Psychemedics Corporation, its officers, employees, agents and representatives from any and all liabilities arising from the testing or the reporting of my results to the authorized recipient and the recipient's use thereof.

Donor Signature Donor Printed Name Phone Number(s)

STEP 4: Chain of Custody - Initiated by Collector and Completed by Laboratory.

Collector Remarks: I, the collector, certify that the enclosed sample was obtained with the consent of the donor, that proper identification of the donor was made, that the appropriate authorization was obtained from the donor for disclosure of the results to the above named result recipient, and that the sample was prepared for release to the delivery service transferring sample to the lab.

Print Collector Name

Date (example Jan-01-2008)

Signature of Collector

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

 D. Reason for Test: ☒ Pre-employment ☐ Random ☐ Reasonable Suspicion/Cause ☐ Post-Accident
☐ Return to Duty ☐ Follow-up ☐ Other (specify) _____

 E. Drug Tests to be Performed: ☒ THC, COC, PCP, OPI, AMP ☐ THC & COC Only ☐ Other (specify) _____

F. Collection Site Name: _____

Collection Site Code: _____

Address: _____

Collector Phone No.: _____

City, State and Zip: _____

Collector Fax No.: _____

STEP 2: COMPLETED BY COLLECTOR
 Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark _____

Specimen Collection:

☒ Split ☐ Single ☐ None Provided (Enter Remark) _____ ☐ Observed (Enter Remark) _____

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.

 X _____
 Signature of Collector
 Time of Collection: 2:10 PM
 Date (Mo./Day/Yr.): 6/15/10
SPECIMEN BOTTLE(S) RELEASED TO:
☒ Quest Diagnostics Courier ☐ FedEx
☐ Other _____

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact
☐ Yes
☐ No, Enter Remark Below _____
SPECIMEN BOTTLE(S) RELEASED TO:**STEP 5: COMPLETED BY DONOR**

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

 X _____
 Signature of Donor

 (PRINT) Donor's Name (First, MI, Last)

 6/15/10
 Date (Mo./Day/Yr.)

Daytime Phone No. (901) 406-1504

Evening Phone No. (901) 406-1504

 Date of Birth 6/15/10
 Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON _____

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 5--DONOR COPY

QMG No. 0930-0158

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7. PHYSICAL EXAMINATION

Height: 66.00 (inches) Weight: 201.00 (lbs.)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions To The Medical Examiner for guidance.*

BODY SYSTEM	CHECK FOR:	YES	NO	CHECK FOR:	YES	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Abdomen and Viscera	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Vascular system	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Genito-urinary system	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Extremities - Limb impaired. Driver may be subject to SPE certificate if qualified.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Spine, other musculoskeletal	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiration rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiration function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Neurological	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* COMMENTS: msclur ovr wgt male

Note certification status here. See Instructions to the Medical Examiner for guidance.

☒ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate

☐ Does not meet standards

☐ Meets standards, but periodic evaluation required.

Due to _____ Driver qualified only for:

☐ 3 Months

☐ 1 year

☐ 6 Months

☐ Other _____ Months

☐ Temporarily disqualified due to (condition or medication):

☐ Return to medical examiner's office for follow up

Medical Examiner's Signature

Medical Examiner's Name (print) David C Decker, Physician Assistant

Address 5701 West Kiest Blvd, Dallas, TX 75236

Telephone Number (214) 775-2927

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

TESTING (Medical Examiner completes Section 3 through 7)

3. VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report vision acuity as a with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical readings must be

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/20		Right Eye: >70° degree
Left Eye	20/20		Left Eye: >70° degree
Both Eyes	20/20		

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Applicant can recognize and distinguish among traffic control signals

and devices showing standard red, green, and amber colors? ☒ Yes ☐ No

Applicant meets visual acuity requirement only when wearing:

☐ Corrective Lenses

Monocular Vision: ☐ Yes ☒ No

Date of Examination

Name of Ophthalmologist or Optometrist (print)

Tel No.

License No./State of issue

Signature

4. HEARING **Standard:** a) Must first perceive forced whispered voice \geq 5 ft., with or without hearing aid, or b) average hearing loss in better ears \leq 40dB

☐ Check if hearing aid used for

☐ Check if hearing aid required to meet

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which whispered voice can first be heard.	Right Ear \geq 5 Feet	Left Ear \geq 5 Feet
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b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)	Right Ear 500 Hz 1000 Hz 2000 Hz	Left Ear 500 Hz 1000 Hz 2000 Hz
	Average:	Average:

5. BLOOD PRESSURE / PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic 132	Diastolic 80
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Driver qualified if \leq 140/90.

Pulse Rate	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Irregular
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Record Pulse Rate: 66

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if \leq 140/90. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if \leq 140/90
\geq 180/110	Stage 3	6 months from date of exam if \leq 140/90	6 months if \leq 140/90

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record):

URINE SPECIMEN	SP. GR. 1.020	PROTEIN Trace	BLOOD 0/Neg	SUGAR Neg/<100
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Medical Examination Report

FOR COMMERCIAL DRIVER FITNESS DETERMINATION

RR - 660

1. DRIVER'S INFORMATION		Driver completes this section.	
Driver's Name (Last, First, Middle) WRIGHT, RODNEY G	Social Security No. 	Age: 45	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Birthdate 1965		New Recertification Follow-up <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Date of Exam 06/16/10		State of Issue TN	
Address 3144 HIGHLAND PARK DR. MEMPHIS, TN 38111		City, State, Zip Code	
Work Tel:		Driver License No. 59311280	
Home Tel: (901) 406-1504		License Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other	
2. HEALTH HISTORY			
Driver completes this section, but medical examiner is encouraged to discuss with			
Yes No <input checked="" type="checkbox"/> Any illness or injury in the last 5 years? <input checked="" type="checkbox"/> Head/Brain injuries, disorders or illnesses <input checked="" type="checkbox"/> Seizures, epilepsy <input type="checkbox"/> medication <input checked="" type="checkbox"/> Eye disorders or impaired vision (except corrective lenses) <input checked="" type="checkbox"/> Ear disorders, loss of hearing or balance <input checked="" type="checkbox"/> Heart disease or heart attack; other cardiovascular condition medication <input checked="" type="checkbox"/> Heart Surgery (valve replacement/bypass, angioplasty, pacemaker) <input checked="" type="checkbox"/> High blood pressure <input type="checkbox"/> medication <input checked="" type="checkbox"/> Muscular disease <input checked="" type="checkbox"/> Shortness of breath	Yes No <input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis <input checked="" type="checkbox"/> Kidney disease, dialysis <input checked="" type="checkbox"/> Liver disease <input checked="" type="checkbox"/> Digestive problems <input checked="" type="checkbox"/> Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> diet <input type="checkbox"/> pills <input type="checkbox"/> insulin <input checked="" type="checkbox"/> Nervous or psychiatric disorder, e.g., severe depression <input type="checkbox"/> medication <input checked="" type="checkbox"/> Loss of, or altered consciousness	Yes No <input type="checkbox"/> Fainting, dizziness <input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring <input checked="" type="checkbox"/> Stroke or paralysis <input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe <input type="checkbox"/> Spinal injury or disease <input type="checkbox"/> Chronic low back pain <input type="checkbox"/> Regular, frequent alcohol use <input type="checkbox"/> Narcotic or habit forming drug use	
For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently. ear drums burst, both			

I hereby give permission to the DOT medical examiner to store all documents of this exam and review all of my prior DOT medical exam documents within the Road Ready database. I certify that the above information is complete and true. I understand that inaccurate, false, or missing information may invalidate the examination and my Medical Examiner's Certificate.

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving.)

furocicide/K + fluid retention

Driver's Signature _____ Date _____



TRUCKING INDUSTRY:
DOT D/A Disclosure and Authorization

Send to Fax# (800) 475-5987

HireRight Customer:	
Company Name:	<u>Titan Transfer Inc</u>
Company Contact Name:	<u>kelvin Gashaw</u>
Fax #:	<u>(931) 684 - 0255</u>
HireRight Customer #:	<u>10925</u> Sub-account: _____

**PART I - DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES - 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous three (3) years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous three (3) years.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous three (3) years. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____



August 4, 2010

Glenn R Wright 03575549
3144 Highland Park Pl
Memphis, TN 38111

Dear Glenn R Wright,

This letter and the attached report(s) are in reference to information that you recently requested from HireRight. If available, an inquiry list of companies that have requested your background report(s) for the purpose of employment screening, in the last 24 months has been included. You will also find a copy of your Summary of Rights under the Fair Credit Reporting Act.

Sent	Requested but HireRight does not have current information on you for this request	Type of Report
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employment History Information (Also known as "DAC Report". Generally only applies to individuals with a commercial driver's license (CDL).)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Criminal Record Information
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Retail Theft Database Information (Generally only applies to individuals applying for Retail positions.)
<input type="checkbox"/>	<input type="checkbox"/>	Background Check Report requested by:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drug & Alcohol Information
		Other:
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Should you have further questions regarding this matter, please feel free to contact HireRight Customer Service at 800-381-0645.

Sincerely,
HireRight Customer Service

EMPLOYMENT HISTORY #1

Search using WRIGHT,R, xxx-xx-xxxx

DRIVING SCHOOL RECORD RECORD 08/04/2010 09:33:27 3501767164

Student: WRIGHT,R SSN: xxx-xx-xxxx DOB: None on file
1695 ECHLES ST
MEMPHIS, TN 38111

Driving School: Tennessee Tech Center Phone: (901)543-6100
550 Alabama Ave
Memphis, TN 38105

PTDIA Approved Course No: 990110101
Certificate No: 14050

Original data received by DAC on 03/23/2001

Period of Attendance: From 11/2000 To 12/2000
License Number: TN
STATUS: Entry Level Driver,No Experience
EQUIPMENT OPERATED: Diesel Engine
EQUIPMENT OPERATED: 7 Speed Transmission
EQUIPMENT OPERATED: 9 Speed Transmission
EQUIPMENT OPERATED: 10 Speed Transmission
EQUIPMENT OPERATED: Dry Box
EQUIPMENT OPERATED: Flat Bed
LOADS HAULED: Empty For Training
LOADS HAULED: Weighted For Training
CREDENTIALS OF SCHOOL: Other

Note: A seven year period has elapsed since employment termination.
It is prohibited to disclose work record, eligibility for re-hire,
reason for leaving, and accident information.

EMPLOYMENT HISTORY #2

Search using WRIGHT,R, xxx-xx-xxxx

EMPLOYMENT RECORD 08/04/2010 09:33:27 3500852264

Driver: WRIGHT,R SSN: xxx-xx-xxxx DOB: ./1965

Contributed By: Classic Freight Phone: (662)893-4616
Enterprises Inc
8279 Frontage Road
Olive Branch, MS 38654

Original data received by DAC on 12/07/2001

Period of Service: From 10/2001 To 11/2001
License Number: TN
STATUS: Owner/Operator
DRIVER'S EXPERIENCE: Over the Road
EQUIPMENT OPERATED: Van
LOADS HAULED: Gen. Commodity
LOADS HAULED: Hazardous Material

Note: Work record, eligibility for re-hire, reason for leaving, accident information, and drug/alcohol information cannot be reported on the above driver because the providing company is no longer an active participant in the index.

EMPLOYMENT HISTORY #3

Search using WRIGHT,R, xxx-xx-xxxx

EMPLOYMENT RECORD 08/04/2010 09:33:27 3500473164

Driver: WRIGHT,R SSN: xxx-xx-xxxx DOB: 1965

Contributed By: Cardinal Transport Inc Phone: (815)634-4443
This Company Will Supply No Further Info
7180 E Reed Rd
Coal City, IL 60416

Original data received by DAC on 07/01/2002

Period of Service: From 12/2001 To 05/2002
License Number: TN
STATUS: Owner/Operator
DRIVER'S EXPERIENCE: Over the Road
EQUIPMENT OPERATED: Flat Bed
LOADS HAULED: Gen. Commodity

Note: A seven year period has elapsed since employment termination.
It is prohibited to disclose work record, eligibility for re-hire,
reason for leaving, and accident information.

=====

EMPLOYMENT HISTORY #4

Search using WRIGHT,R, xxx-xx-xxxx

EMPLOYMENT RECORD 08/04/2010 09:33:27 3503090364

Driver: WRIGHT,G SSN: xxx-xx-xxxx DOB: /1965

Contributed By: Transportation Safety Phone: (219)476-1300

Antler Transport
Blue & Grey
Carolina National
Centrans
Enterprise
Five Star
Gulfline
Keystone Lines Inc
Liberty Transport
Bruin Express
Us 1 Logistics; Thunderbird Motor Expres
Suite 201
336 W Us 30
Valparaiso, IN 46385

Original data received by DAC on 01/10/2005

Period of Service: From 11/2004 To 12/2004
License Number: TN
ELIGIBLE FOR REHIRE: No
REASON FOR LEAVING: Discharged (or Company Terminated Lease)
STATUS: Lease Driver (Employee of Independent Contractor)

Equipment was involved in an occurrence or act that produced unintended injury, death, property damage of any type, or resulted in the equipment requiring a tow (other than mechanical breakdown) while assigned to the driver regardless of fault. Adverse information is reported for 7 years.

Number of DOT Recordable accidents less than 7 years old: 0

Number of Non DOT Recordable Accidents/Incidents less than 7 years old: 0

No additional accident/incident information available.

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EMPLOYMENT HISTORY #9

Search using WRIGHT,R, xxx-xx-xxxx

EMPLOYMENT RECORD 08/04/2010 09:33:27 3500582964

Driver: WRIGHT,R SSN: xxx-xx-xxxx DOB: /1965

Contributed By: Evans Delivery Co Inc Phone: (570)385-9048
Allpoint Transport Corp
Hale Intermodal
Route 61 South
Pottsville, PA 17901

Original data received by DAC on 07/29/2008

Period of Service: From 08/2007 To 07/2008
License Number: TN
ELIGIBLE FOR REHIRE: Review required before rehiring
REASON FOR LEAVING: Resigned/Quit (or Driver Terminated Lease)
STATUS: Owner/Operator
DRIVER'S EXPERIENCE: Single Driver
EQUIPMENT OPERATED: Dry Box
LOADS HAULED: Gen. Commodity
WORK RECORD: Other

Accident/Incident Record

Equipment was involved in an occurrence or act that produced unintended injury,

death, property damage of any type, or resulted in the equipment requiring a tow (other than mechanical breakdown) while assigned to the driver regardless of fault. Adverse information is reported for 7 years.

Number of DOT Recordable accidents less than 7 years old: 0

Number of Non DOT Recordable Accidents/Incidents less than 7 years old: 0

No additional accident/incident information available.

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EMPLOYMENT HISTORY #10

Search using WRIGHT,R, xxx-xx-xxxx

EMPLOYMENT RECORD 08/04/2010 09:33:27 3502338064

Driver: WRIGHT,R SSN: xxx-xx-xxxx DOB: '1965

Contributed By: J B Hunt Transport Inc Phone: (800)252-4868
615 Jb Hunt Corp Dr
Lowell, AR 72745

Original data received by DAC on 06/22/2010

Period of Service: From 06/2010 To 06/2010
License Number: TN
ELIGIBLE FOR REHIRE: Review required before rehiring
REASON FOR LEAVING: Discharged (or Company Terminated Lease)
STATUS: Company Driver
DRIVER'S EXPERIENCE: Over the Road
EQUIPMENT OPERATED: Van
LOADS HAULED: Gen. Commodity
WORK RECORD: Company Policy Violation

Accident/Incident Record

Equipment was involved in an occurrence or act that produced unintended injury, death, property damage of any type, or resulted in the equipment requiring a tow (other than mechanical breakdown) while assigned to the driver regardless of fault. Adverse information is reported for 7 years.

Number of DOT Recordable accidents less than 7 years old: 0

Number of Non DOT Recordable Accidents/Incidents less than 7 years old: 0

No additional accident/incident information available.

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[END OF REPORT]

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DRUG/ALCOHOL HISTORY RECORD

Search using WRIGHT,G, xxx-xx-xxxx

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Drug/Alcohol Disclosure

The companies listed below have provided DAC with drug/alcohol information regarding this driver. This information satisfies your driver background checks required for these companies under 49 C.F.R. 382.413 Part 40 for the period of service noted.

Company Name	Period of Service
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Comtrak Logistics, Inc, Memphis, TN	From 05/2008 To 06/2008
Evans Delivery Co Inc, Pottsville, PA	From 08/2007 To 07/2008
J B Hunt Transport Inc, Lowell, AR	From 06/2010 To 06/2010

To obtain drug/alcohol testing information from the company(s) listed above, please fax a DAC Drug/Alcohol release form to 800-257-8069. Releases faxed to other numbers will experience delays in processing. The driver must sign the DAC Drug/Alcohol release after listing all the company(s) from which you wish to receive information.

If you need a DAC drug/alcohol release form or have questions about using DAC's drug/alcohol database please call DAC drug/alcohol marketing at 800-331-9175.

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[END OF REPORT]

USIS COMMERCIAL SERVICES, INC.

USIS WIDESCREEEN HISTORY RECORD

USIS WIDESCREEEN REQUEST INFORMATION

NAME: WRIGHT, GLENN RODNEY

DOB: 1965 SSN:

GENDER: M RACE: U

TYPE OF SEARCH: CRIMINAL SEARCH / SEX OFFENDER SEARCH

SEARCH AREA: NATIONWIDE

REQUEST DATE: 8/4/2010

USIS WIDESCREEEN FILE INFORMATION

MATCH WAS MADE USING: LASTNAME FIRSTNAME(GLE) BIRTHDATE

NAME: WRIGHT, GLENN R

GENDER: MALE RACE: BLACK

CRIMINAL RECORD INFORMATION

IN THE CASE OF POTENTIAL MATCHES
IN THE WIDESCREEEN DATABASE, RECORDS
WILL BE ORDERED FROM THE ORIGINAL
SOURCE TO VERIFY ACCURACY AND CURRENCY.
FINAL RESULTS MAY OR MAY NOT RESULT IN
A TRUE MATCH.

ORDER #: 75357487 REQUEST #: 130804454

This inquiry will also be searched against the Dept of the Treasury, Office of Foreign Assets Control SDN and blocked persons list. You will be notified in the event of a possible match.

The following report is obtained from a commercial database that contains information from public records of various courts and law enforcement agencies across the United States. These records are included in the report because the search criteria for matching personal identifiers such as name, date of birth, Social Security Number, etc., suggested that this record(s) matched the information you provided for the subject of the report. As such, these records might relate

DRIVER'S EXPERIENCE: Regional
EQUIPMENT OPERATED: Van
LOADS HAULED: Container
WORK RECORD: Company Policy Violation

Accident/Incident Record

Equipment was involved in an occurrence or act that produced unintended injury, death, property damage of any type, or resulted in the equipment requiring a tow (other than mechanical breakdown) while assigned to the driver regardless of fault. Adverse information is reported for 7 years.

Number of DOT Recordable accidents less than 7 years old: 0

Number of Non DOT Recordable Accidents/Incidents less than 7 years old: 0

No additional accident/incident information available.
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EMPLOYMENT HISTORY #5

Search using WRIGHT,R, xxx-xx-xxxx

EMPLOYMENT RECORD 08/04/2010 09:33:27 3501827964

Driver: WRIGHT,R SSN: xxx-xx-xxxx DOB: 1965
Resigned/Quit

Contributed By: C D S Transport Inc Phone: (800)373-1029
870 South 300 West
Heber City, UT 84032

Original data received by DAC on 07/21/2005

Period of Service: From 01/2005 To 03/2005
License Number: TN
ELIGIBLE FOR REHIRE: Review required before rehiring
REASON FOR LEAVING: Resigned/Quit (or Driver Terminated Lease)
STATUS: Owner/Operator
DRIVER'S EXPERIENCE: Over the Road
EQUIPMENT OPERATED: Van
LOADS HAULED: Gen. Commodity

WORK RECORD: Satisfactory

Accident/Incident Record

Equipment was involved in an occurrence or act that produced unintended injury, death, property damage of any type, or resulted in the equipment requiring a tow (other than mechanical breakdown) while assigned to the driver regardless of fault. Adverse information is reported for 7 years.

Number of DOT Recordable accidents less than 7 years old: 0

Number of Non DOT Recordable Accidents/Incidents less than 7 years old: 0

No additional accident/incident information available.
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EMPLOYMENT HISTORY #6

Search using WRIGHT,R, xxx-xx-xxxx

EMPLOYMENT RECORD 08/04/2010 09:33:27 3502483864

Driver: WRIGHT,G SSN: xxx-xx-xxxx DOB: None on file

Contributed By: Dart Transit #12 Phone: (800)366-9000

The Following Employment History
Contains All The Information That Will
Be Released On The Driver. The Company
Will Supply No Further Information.
800 Lone Oak Rd
Eagan, MN 55121

Original data received by DAC on 07/06/2007

Period of Service: From 09/2005 To 01/2007

ELIGIBLE FOR REHIRE: Review required before rehiring

REASON FOR LEAVING: Discharged (or Company Terminated Lease)

STATUS: Owner/Operator

DRIVER'S EXPERIENCE: Over the Road

EQUIPMENT OPERATED: Dry Box

LOADS HAULED: Gen. Commodity

WORK RECORD: Satisfactory

Accident/Incident Record

Equipment was involved in an occurrence or act that produced unintended injury, death, property damage of any type, or resulted in the equipment requiring a tow (other than mechanical breakdown) while assigned to the driver regardless of fault. Adverse information is reported for 7 years.

Number of DOT Recordable accidents less than 7 years old: 0

Number of Non DOT Recordable Accidents/Incidents less than 7 years old: 0

No additional accident/incident information available.

EMPLOYMENT HISTORY #7

Search using WRIGHT,R, xxx-xx-xxxx

EMPLOYMENT RECORD 08/04/2010 09:33:27 3502338064

Driver: WRIGHT,R SSN: xxx-xx-xxxx DOB: 1965

Contributed By: J B Hunt Transport Inc Phone: (800)252-4868
615 Jb Hunt Corp Dr
Lowell, AR 72745

Original data received by DAC on 04/13/2007

Period of Service: From 02/2007 To 04/2007

License Number: TN

ELIGIBLE FOR REHIRE: Review required before rehiring

REASON FOR LEAVING: Resigned/Quit (or Driver Terminated Lease)

DRIVER'S EXPERIENCE: Over the Road

EQUIPMENT OPERATED: Van

LOADS HAULED: Gen. Commodity

Accident/Incident Record

Equipment was involved in an occurrence or act that produced unintended injury, death, property damage of any type, or resulted in the equipment requiring a tow (other than mechanical breakdown) while assigned to the driver regardless of fault. Adverse information is reported for 7 years.

Number of DOT Recordable accidents less than 7 years old: 0

Number of Non DOT Recordable Accidents/Incidents less than 7 years old: 0

No additional accident/incident information available.

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EMPLOYMENT HISTORY #8

Search using WRIGHT,R, xxx-xx-xxxx

EMPLOYMENT RECORD 08/04/2010 09:33:27 3500760064

Driver: WRIGHT,R SSN: xxx-xx-xxxx DOB: 1965

Contributed By: Comtrak Logistics, Inc Phone: (800)846-0024
5660 Universal Dr
Memphis, TN 38118

Original data received by DAC on 06/09/2008

Period of Service: From 05/2008 To 06/2008
License Number: TN
ELIGIBLE FOR REHIRE: No
REASON FOR LEAVING: Other
STATUS: Company Driver
DRIVER'S EXPERIENCE: Regional
DRIVER'S EXPERIENCE: Single Driver
EQUIPMENT OPERATED: Dry Box
LOADS HAULED: Container
LOADS HAULED: Empty Trailer
LOADS HAULED: Gen. Commodity
WORK RECORD: Other

Accident/Incident Record

to the subject you inquired about, but not necessarily. You should use this report to broaden the scope of the background search of the subject to include the jurisdictions and/or the names contained in this report. Employment decisions should not be based solely upon information contained in this report. Positive ID requires fingerprint search.

Search using WRIGHT, R, /1965

DAC Services, Drug/Alcohol Record 8/4/2010 3:01:04 PM

Driver: WRIGHT,R SSN:xxx-xx-xxxxx DOB: 1965

Motor Carrier: Comtrak Logistics, Inc Phone: 800-846-0024

5660 Universal Dr

Memphis, TN 38118

Original Data Received by DAC on 6/9/2008

The following information on this driver has been provided by the motor carrier listed above. This information satisfies your driver background checks for this company under 49 C.F.R. PART 391 for the period of service noted below. Information older than three years will not be included on this report.

Period of Service: From 05/2008 to 06/2008

DOT Drug/Alcohol Violations: No

Search using WRIGHT, R, 05/03/1965

DAC Services, Drug/Alcohol Record 8/4/2010 3:01:04 PM

Driver: WRIGHT,R SSN:xxx-xx-xxxxx DOB: 1965

Motor Carrier: Evans Delivery Co Inc
Allpoint Transport Corp

Hale Intermodal Phone: 570-385-9048

Route 61 South

Pottsville, PA 17901

Original Data Received by DAC on 7/29/2008

The following information on this driver has been provided by the motor carrier listed above. This information satisfies your driver background checks for this company under 49 C.F.R. PART 391 for the period of service noted below. Information older than three years will not be included on this report.

Period of Service: From 08/2007 to 07/2008

DOT Drug/Alcohol Violations: No

Search using WRIGHT, R, 1965

DAC Services, Drug/Alcohol Record 8/4/2010 3:01:04 PM

Driver: WRIGHT,R SSN:xxx-xx-xxxx DOB: 1965

Motor Carrier: J B Hunt Transport Inc Phone: 479-659-6111

615 Jb Hunt Corp Dr

Lowell, AR 72745

Original Data Received by DAC on 6/22/2010 5:25:04 AM

The following information on this driver has been provided by the motor carrier listed above. This information satisfies your driver background checks for this company under 49 C.F.R. PART 391 for the period of service noted below. Information older than three years will not be included on this report.

Period of Service: From 06/2010 to 06/2010

DOT Drug/Alcohol Violations: No

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051